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Bib Data Sheet

CONFIRMATION NO. 7058

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/759,510 | <b>FILING OR 371(c)<br/>DATE</b><br>01/15/2004<br><b>RULE</b> | <b>CLASS</b><br>372 | <b>GROUP ART UNIT</b><br>2828 | <b>ATTORNEY<br/>DOCKET NO.</b><br>B-4757NP 621648-9 |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/441,027 01/17/2003  
 and claims benefit of 60/441,026 01/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/21/2004

|   |                                   |                                |                               |                                    |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>34 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

65050

**TITLE**

METHOD AND APPARATUS FOR COHERENTLY COMBINING MULTIPLE LASER OSCILLATORS

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>2252 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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